Use of the Suggested Clinical Data Elements is Voluntary / Optional

Home Health Services Plan of Care / Certification
Suggested Clinical Data Elements

Version R1.0b (9/5/2017)

<table>
<thead>
<tr>
<th>Note: If these CDEs are used:</th>
</tr>
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<tr>
<td>1) CDEs in black Calibri are required</td>
</tr>
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<td>2) CDEs in <em>burnt orange Italic Calibri</em> are required if the condition is met</td>
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**Beneficiary Information CDEs**

PBD: Patient/Beneficiary Demographics

- **PBD1**: Patient’s first name, last name, and middle initial (text)
- **PBD2**: Patient’s date of birth (date: MM/DD/YYYY)
- **PBD3**: Patient’s gender (Single selection from the value set: M, F, Other)
- **PBD4**: Patient’s Medicare ID (Medicare ID format and check digit)

**F2F Encounter CDEs**

HHAF2F: F2F Encounter

- **HHAF2F3**: _Certifying physician performed the F2F encounter (Binary, select or not)_

PND: Physician/NPP Demographics

- **PND1**: Provider first name, last name, middle initial, and suffix (text).
- **PND2**: Provider NPI (Numeric with check digit)

**Reference Information and Dates CDEs**

HHARID: Reference Information and Dates

- **HHARID1**: Patient HI Claim No. (text)
- **HHARID2**: Medical Record Number (text)
- **HHARID3**: Initial start of care date (date: MM/DD/YYYY)
- **HHARID4**: Start of episode of care (date: MM/DD/YYYY)
- **HHARID5**: End of episode of care (date: MM/DD/YYYY) (optional)
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### Diagnoses CDEs

**DIAG:** Diagnoses

- **Note:** ICD-10-CM (code), Description (text), Date (date first diagnosed (if available): MM/DD/YYYY), Status (Multiple selection from the value set: acute, chronic, acute-chronic, resolving, resolved)

  **DIAG1:** Principal diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

  **DIAG2:** Other pertinent diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

### Procedure CDEs

**PROC:** Procedures

- **PROC1:** Relevant procedures (e.g. surgical) (Repeat until complete: ICD-10-CM, Description, Date)

### Medication CDEs

**MED:** Medications (Status value set: New, Current, Modified, Discontinued)

- **MED1:** Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

- **MED2:** Other medications (text)

### Allergies CDEs

**ALL:** Allergies (include RxNorm if Known)

- **ALL1:** Allergies (Repeat until complete: RxNorm, Description)
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**Functional Assessment CDEs**

**HHAFA: Functional Assessment**

**HHAFA1**: Functional limitations (Multiple selection from the value set: Amputation, Bowel/bladder (Incontinence), Contracture, Hearing, Paralysis, Endurance, Speech, Legally blind, Dyspnea with minimal exertion, Angina with minimal exertion or at rest, CVA/hemiparesis/paralysis/dysphonia, Confined to wheelchair, Fall risk)

**HHAFA2**: Other functional limitations (text)

**HHAFA3**: Activities permitted (Multiple selection from the value set: Complete bedrest, Bedrest BRP, Up as tolerated, Transfer bed/chair, Partial weight bearing, Independent at home, Crutches, Cane, Wheelchair, Walker, No restrictions)

**HHAFA4**: Other activities permitted (text)

**HHAFA5**: Mental status (Multiple selection from the value set: Oriented, Comatose, Forgetful, Depressed, Disoriented, Lethargic, Agitated)

**HHAFA6**: Other mental status (text)

**DME, Safety, and Nutritional CDEs**

**HHADSN: DME, Safety and Nutritional Requirements**

**HHADSN1**: DME and supplies (text)

**HHADSN2**: Safety measures (text)

**HHADSN3**: Nutritional requirements (text)

**Prognosis CDEs**

**HHAPRO: Prognosis**

**HHAPRO1**: Prognosis (Single selection from the value set: Poor, Guarded, Fair, Good, Excellent)

**HHAPRO2**: Prognosis, additional clarification (text)
Home Health Services Order CDEs

HHAORD: Home Health Services Orders

**HHAORD1**: Intermittent skilled nursing services (if required) [Multiple selection from value set: Administration of medications, Tube feedings, Wound care, Catheters, Ostomy care, NG and tracheostomy aspiration/care, Psychiatric evaluation and therapy, Teaching/training, Observe/assess, Complex care plan management, Rehabilitation nursing, Other (text)]

Note: For each of the ordered skilled nursing services, indicate the following:

- **HHAORDF3**: Length of Session (LOS): (Integer with units from value set: Minutes, Hours or as indicated)
- **HHAORDF1**: Frequency (Single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)
- **HHAORDF2**: Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)
- **HHAORD1a**: Justification and signature (required if the patient’s sole skilled service need is for skilled oversight of unskilled services (management and evaluation of the care plan or complex care plan management): (text)
- **HHAORD1b**: Signature (required if justification is completed) (text)

**HHAORD2**: Therapy Services (Qualified therapist skills required)

Physical therapy services:

- **HHAORD2a**: Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, Gait and balance training, ADL training, other (text))

Occupational therapy services:

- **HHAORD2b**: Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, ADL training, other (text))

Speech-language pathology services:

- **HHAORD2c**: (multiple selection from the following value set: Swallowing, Restore language function, Restore cognitive function, Perform maintenance therapy, other(text))
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Other Services:

**HHAORD2d:** (multiple selection from the following value set:
Home health aide services, Medical social services)

Note: For each of the ordered skilled nursing services, indicate the following:

**HHAORDF3:** Length of Session (LOS): (Integer with units from value set: Minutes, Hours or as indicated)
**HHAORDF1:** Frequency (Single selection from the value set: weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)
**HHAORDF2:** Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)

Goals / Rehabilitation Potential / Discharge Plans CDEs

**HHAGRD:** Goals/Rehabilitation Potential/Discharge Plans

**HHAGRD1:** For each skilled service define the following:

**HHAGRD1a:** Service (text)
**HHAGRD1b:** Goals (text)
**HHAGRD1c:** Rehabilitation potential (text)

**HHAGRD2:** Discharge plans (text)

Recertification CDEs

**HHAREC2:** How much longer will skilled service be needed: (Value, Units)

Provider Signature CDEs

**SIG:** Physician Signature Elements

**SIG1:** Physician/NPP signature (image, electronic, or digital)
**SIG2:** Physician/NPP name (printed) (text)
**SIG5:** Date of signature (MM/DD/YYYY)
**SIG4:** Physician/NPP NPI (NPI format)

Date Received CDE

**HHADAT:** Dates

**HHADA4:** Date signed POC was received by the HHA (Date: MM/DD/YYYY)